


**PATIENT**

Eddie Destrampe

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

Male Neutered

**AGE**

4 years

**WEIGHT**

9.6lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

 Kara Wallisch,  
 DVM

**HOSPITAL NAME**

 Sondel Fmaily  
 Veterinary Clinic

**REFERRING VET**

Dr. Wallisch

**INVOICE**

22031

**DATE**

11/15/21

**PRESENTING CLINICAL SIGNS**

History: 8/24/19: presented to regular vet with intermittent cough. ProBNP 252. 3/9/20: ProBNP recheck 117. 11/2/20: seen by UW Cardiology- diagnosed with hypertrophic cardiomyopathy characterized by left ventricular free wall thickening. No cardiac medications indicated at that time. Pro-BNP 102. Today patient remains asymptomatic, but owner would like to proceed with a dental and wanted a recheck echo to make sure anesthesia is OK.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is asymmetric with a mildly increased free wall and borderline septum. There is a diffusely hyperechoic endocardium consistent with fibrosis. Moderate symmetric papillary muscle hypertrophy. The right ventricle is subjectively normal in size and morphology. There is mild left atrial enlargement present. No right atrial enlargement present. The aortic valve is thickened. Trace TR. Normal LVOT velocity. There is no obvious systolic anterior motion (SAM) of the mitral valve present. No MR. There is no pericardial effusion noted. No pleural effusion appreciated. No obvious cardiac tumors.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.4	NM	0.55	1.4	0.61	48	90
FELINE CARDIAC PARAMETERS	LA/AO <small>(Boon)</small>	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		LVOT VEL  (m/s)	RVOT VEL  (m/s)	E max  (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	NM	1.5	1.4		1.2	NM	NM
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hypertrophic cardiomyopathy (HCM) is a rule out diagnosis once a patient is deemed normotensive and euthyroid. Both should be ruled out in this case as contributing factors. The degree of disease remains mild, with asymmetric LVH and mild LA dilation. The aortic valve appears thickened, and a baseline blood pressure is strongly recommended. No additional issues are identified. Compared to what is reported in the prior study, this does suggest mild progression, as no left atrial enlargement was noted previously.

Even with progression seen on today's exam, no medications are indicated. It is important to note that no medications have been shown to definitively alter long term outcome at this stage, particularly in the absence of SAM.



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Monitor at home for any respiratory issues or signs of blood clot events (neurologic change, paralysis, etc.).

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Feline

Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Additionally, steroids should be used with caution on older cats, as even a 'normal' geriatric heart can develop evidence of intolerance and fluid retention.

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**PLAN**

A screening blood pressure and T4 are recommended, then every 6 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any issues arise in the interim.

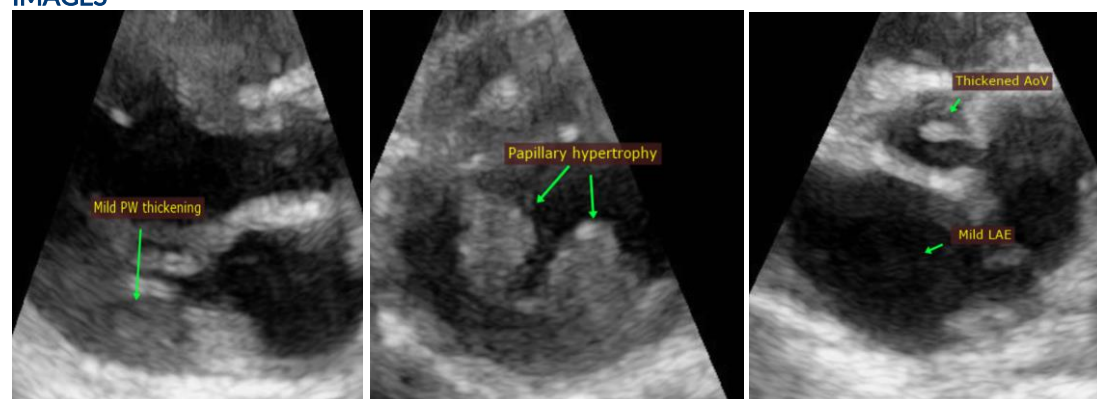
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**IMAGES**

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DVM

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**HOSPITAL NAME**

Sondel Fmaily  
Veterinary Clinic

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**REFERRING VET**

Dr. Wallisch

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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